

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO JABBERS, WHITTOUTS OR ALTERATIONS
 VS-THE-1/3/06

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) SHARON		3. LAST (Family) FAN	
2. MIDDLE CHAI LAI		4. DATE OF BIRTH mm/dd/yyyy 10/25/1977	
5. AGE Yrs. 39		6. SEX F	
7. BIRTH STATE/FOREIGN COUNTRY CA		8. SOCIAL SECURITY NUMBER [REDACTED]	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		10. MARITAL STATUS/SDP* (at Time of Death) [REDACTED]	
11. DATE OF DEATH mm/dd/yyyy 09/07/2017		12. HOUR (24 Hours) 2145	
13. EDUCATION - Highest Level/Degree (See worksheet on back) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) TAIWANESE		16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACCOUNTANT	
17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FINANCE		18. YEARS IN OCCUPATION 15	
19. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]			
20. CITY [REDACTED]		21. COUNTY/PROVINCE [REDACTED]	
22. ZIP CODE [REDACTED]		23. YEARS IN COUNTY 1	
24. STATE/FOREIGN COUNTRY WA		25. INFORMANT'S NAME, RELATIONSHIP [REDACTED]	
26. INFORMANT'S MAILING ADDRESS (Street and number, or other, or rural, or to number, city or town, state and zip) [REDACTED]		27. NAME OF SURVIVING SPOUSE/SDP - FIRST [REDACTED]	
28. MIDDLE [REDACTED]		29. LAST (BIRTH NAME) [REDACTED]	
30. NAME OF FATHER/PARENT - FIRST [REDACTED]		31. MIDDLE [REDACTED]	
32. LAST [REDACTED]		33. BIRTH STATE [REDACTED]	
34. NAME OF MOTHER/PARENT - FIRST [REDACTED]		35. MIDDLE [REDACTED]	
36. LAST (BIRTH NAME) [REDACTED]		37. BIRTH STATE [REDACTED]	
38. DISPOSITION DATE mm/dd/yyyy [REDACTED]		39. PLACE OF FINAL DISPOSITION [REDACTED]	
40. TYPE OF DISPOSITION(S) [REDACTED]		41. SIGNATURE OF EMBALMER [REDACTED]	
42. LICENSE NUMBER [REDACTED]		43. DATE mm/dd/yyyy [REDACTED]	
44. NAME OF FUNERAL ESTABLISHMENT [REDACTED]		45. LICENSE NUMBER [REDACTED]	
46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47. DATE mm/dd/yyyy [REDACTED]	
101. PLACE OF DEATH [REDACTED]		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input checked="" type="checkbox"/> Home	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Resident's Home <input type="checkbox"/> Other		104. COUNTY [REDACTED]	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]		106. CITY [REDACTED]	
107. CAUSE OF DEATH Error the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) MALIGNANT NEOPLASM OF OVARY (B) [REDACTED] (C) [REDACTED] (D) [REDACTED] 108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) CYTOREDUCTIVE SURGERY --/--/2013 113A. IF FEMALE, PREGNANT IN LAST YEAR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: (A) mm/dd/yyyy 08/31/2017 Decedent Last Seen Alive: (B) mm/dd/yyyy 09/07/2017		115. SIGNATURE AND TITLE OF CERTIFIER DANIEL MILLER, MD	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE DANIEL MILLER, MD 2525 PIO PICO DRIVE STE 301, CARLSBAD, CA 92008		117. LICENSE NUMBER A85340	
118. DATE mm/dd/yyyy 09/11/2017		119. INJURY DATE mm/dd/yyyy [REDACTED]	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. HOUR (24 Hours) [REDACTED]	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]			
124. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]			
125. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
STATE REGISTRAR		CENSUS TRACT	

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

Wilma J. Wooten, M.D.

DATE ISSUED: 9/18/2017
 WILMA J. WOOTEN, M.D., M.P.H.
 REGISTRAR OF VITAL RECORDS
 County of San Diego



A003218802

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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